



**HAWAII STATE ETHICS COMMISSION**  
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STATE OF HAWAII  
HAWAII STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

### PART I LOBBYIST

NAME(Last) Lum	(First) Lori Ann	(Middle) C.	TELEPHONE 544-8300
MAILING ADDRESS (Street) 999 Bishop St., 23rd Flr.			FAX 544-8399
(City) Honolulu	(State) HI	(Zip Code) 96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) Watanabe Ing Kawashima & Komeiji LLP			TELEPHONE 544-8300
MAILING ADDRESS (Street) 999 Bishop St., 23rd Flr.			FAX 544-8399
(City) Honolulu	(State) HI	(Zip Code) 96813	

### PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Segway LLC	TELEPHONE (603) 222-6000	
MAILING ADDRESS (Street) 286 Commercial St.	FAX (603) 222-6001	
(City) Manchester	(State) NH	(Zip Code) 03101
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Lori Ann C. Lum		TELEPHONE 544-8300
MAILING ADDRESS (Street) 999 Bishop St., 23rd Flr.		FAX 544-8399
(City) Honolulu	(State) HI	(Zip Code) 96813

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input checked="" type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input checked="" type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Safety & Corrections	

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Olivia C. Plumb  
(Signature of Lobbyist)

JAN 13 2003

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Matt Dailida	Manager, State Government Affairs

NAME OF ORGANIZATION (if applicable)

Segway LLC

TELEPHONE

(603) 222-6000

MAILING ADDRESS (Street)

286 Commercial St.

FAX

(603) 222-6001

(City)

Manchester

(State)

NH

(Zip Code)

03101

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

Mf Dailida

(Signature of Authorizing Officer or Person Represented)

1/8/03

(Date)